U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.  For Official Use Only  READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
1. File Number U - 55	2. Fiscal Year Covered From:
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Richard O'KANE	Name IRON WORKERS LOCAL361
	Labor Organization File Number 014-447
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street C/O 89-19 975 AVE	Street P9-19 97TH AVENUE
City OZONE PARK	City O'ZONE PARK
State NEW YORK ZIP Code + 4 11416	State NEW YORK ZIP Code + 4 114/6
5. Position in labor organization.  BUSINESS MANAGER - FST	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount
City	A STATE OF THE STA
State ZIP Code + 4	l
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Richard O 1 Kare on 8-10-05 718-322-1016	

Date

Telephone Number

Name of Person Filing Ruherd O'Kani	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name ALLIED BUILDING METAL INDUSTRIES		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 211 EAST 43 BD STREET	c. Employer	
City NEW YORK		
State NEW YORK ZIP Code + 4 10017		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name IRON WORKERS LOCALS 40 361 4417	EMPLOYERS ORGANIZATION	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 451 PARK AVENUE SOUTH		
City NEW YORK	11.b. Approximate dollar value of such dealing.	
State NEW YORK ZIP Code + 4 10016	12.a. Nature of interest held or income received.  DISCUSS FALL PROTECTION 4	
	OSHA SUBPART R REGULATIONS WITH TURNER CONSTRUCTION ON	
	WITH TURNER CONSTRUCTION ON	
	3-22-04	
	12.b. Amount. 103.00	
C. Received from any employer (other than an employer covered under parts A and B above)		
or from any labor relations consultant to an employer any payment of money or other thing of value.		
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	A CONTRACT OF THE PARTY OF THE	
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.	